New York Electrical Inspection Agency

Residential Count Sheet

Job Number: _____ **Address:** _____

Receptacles	GFCI Receptacles	Switches	Other
Total:	Total:	Total:	Total:

Lighting - Recessed	Lighting – Surface Mount	Lighting - LED	Lighting – Wall Sconce
Total:	Total:	Total:	Total:

Vent Fan / Exhaust Fan	Dryer	Furnace	Smoke
Total:	Total:	Total:	Total:
	___ Amp ___ Volts		

Other	Range	A/C	Carbon Monoxide
Total:	Total:	Total:	Total:
	___ Amp ___ Volts		

Please complete this form listing all electrical devices and equipment installed prior to the final inspection.
Please provide the completed form to the electrical inspector at the time of the final inspection or return it to our office in advance.

585-436-4460 office@nyeia.com